

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
**OCT 20 2017**

**JEFFREY P. ALLSTEADT, CLERK**  
**DEPUTY CLERK - KN**

☐ Check if this is an amended filing

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:  
**NORTHERN DISTRICT OF ILLINOIS**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**JOHN**

First Name

**EDWARD**

Middle Name

**BLACK**

Last Name

Suffix (Sr., Jr., II, III)

**KATHRYNE**

First Name

**DIANE**

Middle Name

**BLACK**

Last Name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 4 9 8 5

OR

9xx - xx - \_\_\_\_\_

xxx - xx - 0 5 7 0

OR

9xx - xx - \_\_\_\_\_

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b><br><br>Include trade names and doing business as names | <b>About Debtor 1:</b><br><br><input checked="" type="checkbox"/> I have not used any business names or EINs.<br><br>_____<br>Business name<br><br>_____<br>Business name<br><br>_____<br>Business name<br><br>_____<br>EIN<br><br>_____<br>EIN                              | <b>About Debtor 2 (Spouse Only in a Joint Case):</b><br><br><input checked="" type="checkbox"/> I have not used any business names or EINs.<br><br>_____<br>Business name<br><br>_____<br>Business name<br><br>_____<br>Business name<br><br>_____<br>EIN<br><br>_____<br>EIN |
| <b>5. Where you live</b>  | <b>76 JOHNSON COURT</b><br>Number Street<br><br>_____<br><br><br><b>NORTH AURORA IL 60542</b><br>City State ZIP Code<br><br><b>KANE</b><br>County  | <b>If Debtor 2 lives at a different address:</b><br><br>_____<br>Number Street<br><br>_____<br><br><br>_____<br>City State ZIP Code<br><br>_____<br>County  |
|   | <b>If your mailing address is different from the one above, fill it in here.</b> Note that the court will send any notices to you at this mailing address.<br><br>_____<br>Number Street<br><br>_____<br>P.O. Box<br><br>_____<br>City State ZIP Code                        | <b>If Debtor 2's mailing address is different from yours, fill it in here.</b> Note that the court will send any notices to you at this mailing address.<br><br>_____<br>Number Street<br><br>_____<br>P.O. Box<br><br>_____<br>City State ZIP Code                           |
| <b>6. Why you are choosing this district to file for bankruptcy</b>   | <b>Check one:</b><br><br><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.<br><br><input type="checkbox"/> I have another reason. Explain.<br>(See 28 U.S.C. § 1408.) | <b>Check one:</b><br><br><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.<br><br><input type="checkbox"/> I have another reason. Explain.<br>(See 28 U.S.C. § 1408.)  |

**Part 2: Tell the Court About Your Bankruptcy Case**

- 7. The chapter of the Bankruptcy Code you are choosing to file under**
- Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

8. How you will pay the fee
- ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No

☐ Yes.

District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes.

Debtor _____	Relationship to you _____	
District _____	When _____	Case number, _____
	MM / DD / YYYY	if known
Debtor _____	Relationship to you _____	
District _____	When _____	Case number, _____
	MM / DD / YYYY	if known

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☐ No. Go to line 12.

☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

12. Are you a sole proprietor of any full- or part-time business?
- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**  
*You must check one:*

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**  
*You must check one:*

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
- \_\_\_\_\_  
\_\_\_\_\_
17. Are you filing under Chapter 7?
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- ☐ No. I am not filing under Chapter 7. Go to line 18.  
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No  
☐ Yes
18. How many creditors do you estimate that you owe?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
19. How much do you estimate your assets to be worth?
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
20. How much do you estimate your liabilities to be?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x John E Black  
JOHN EDWARD BLACK, Debtor 1  
Executed on 10/12/2017  
MM/DD/YYYY

x Kathryne D Black  
KATHRYNE DIANE BLACK, Debtor 2  
Executed on 10/12/2017  
MM/DD/YYYY

**Fill in this information to identify your case and this filing:**

Debtor 1	<u>JOHN</u>	<u>EDWARD</u>	<u>BLACK</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>KATHRYNE</u>	<u>DIANE</u>	<u>BLACK</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 106A/B**

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... →

\$0.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No  
☐ Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... →

\$0.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... POTS, PANS, DISHES, KITCHEN TABLE, CHAIRS, COUCHES, COFFEE TABLE, LAMPS, 2 BEDS, 2 DRESSERS, \$500.00



Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... **4 TVS, 2 DVD PLAYERS,** **\$300.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe..... **BIKE, REBOUNDER, INVERSION TABLE** **\$100.00**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... **SHIRTS, PANTS, DRESSES, SUITS, JACKETS** **\$220.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... **WATCH, WEDDING RINGS, NECKLESS, EAR RINGS,** **\$1,100.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**

**\$2,220.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash: **\$25.00**

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No  
☒ Yes..... Institution name:

17.1. Checking account: Checking account \$600.00

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them..... Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No  
☐ Yes. List each account separately. Type of account: Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes..... Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☐ No  
☒ Yes..... Issuer name and description:

ANNUITY

Unknown

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_  
State: \_\_\_\_\_  
Local: \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information

Alimony: \_\_\_\_\_  
Maintenance: \_\_\_\_\_  
Support: \_\_\_\_\_  
Divorce settlement: \_\_\_\_\_  
Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information \_\_\_\_\_

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

**LIFE INSURANCE POLICY**

**KATHRYNE BLACK**

**\$900.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No  
☐ Yes. Give specific information \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No  
☐ Yes. Describe each claim..... \_\_\_\_\_

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$1,525.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☐ No. Go to Part 6.  
☒ Yes. Go to line 38.

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe..

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

- ☐ No  
☒ Yes. Describe.. **DESK, COMPUTER, PRINTER, FILE CABINET**

**\$250.00**

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☒ No  
☐ Yes. Describe..

**41. Inventory**

- ☒ No  
☐ Yes. Describe..

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Describe..... Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

- ☒ No  
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
☐ No  
☐ Yes. Describe.....

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

**\$250.00**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No  
☐ Yes....

48. Crops--either growing or harvested

- ☒ No  
☐ Yes. Give specific  
information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No  
☐ Yes....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No  
☐ Yes....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No  
☐ Yes. Give specific  
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have  
attached for Part 6. Write that number here..... →

\$0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2.....	→	\$0.00
56. Part 2: Total vehicles, line 5.....	\$0.00	
57. Part 3: Total personal and household items, line 15.....	\$2,220.00	
58. Part 4: Total financial assets, line 36.....	\$1,525.00	
59. Part 5: Total business-related property, line 45.....	\$250.00	
60. Part 6: Total farm- and fishing-related property, line 52.....	\$0.00	
61. Part 7: Total other property not listed, line 54.....	+\$0.00	
62. Total personal property. Add lines 56 through 61.....	\$3,995.00	Copy personal property total → + \$3,995.00
63. Total of all property on Schedule A/B. Add line 55 + line 62.....		\$3,995.00

**Fill in this information to identify your case:**

Debtor 1 **JOHN** **EDWARD** **BLACK**  
First Name Middle Name Last Name

Debtor 2 **KATHRYNE** **DIANE** **BLACK**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim  <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: <b>POTS, PANS, DISHES, KITCHEN TABLE, CHAIRS, COUCHES, COFFEE TABLE, LAMPS, 2 BEDS, 2 DRESSERS,</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>4 TVS, 2 DVD PLAYERS,</b> Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>BIKE, REBOUNDER, INVERSION TABLE</b> Line from Schedule A/B: <u>9</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>SHIRTS, PANTS, DRESSES, SUITS, JACKETS</b> Line from Schedule A/B: <u>11</u>	<u>\$220.00</u>	<input checked="" type="checkbox"/> <u>\$220.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>WATCH, WEDDING RINGS, NECKLESS, EAR RINGS,</b> Line from Schedule A/B: <u>12</u>	<u>\$1,100.00</u>	<input checked="" type="checkbox"/> <u>\$1,100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>CASH</b> Line from Schedule A/B: <u>16</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>Checking account</b> Line from Schedule A/B: <u>17.1</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>ANNUITY</b> Line from Schedule A/B: <u>23</u>	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>LIFE INSURANCE POLICY</b> Line from Schedule A/B: <u>31</u>	<u>\$900.00</u>	<input checked="" type="checkbox"/> <u>\$900.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>DESK, COMPUTER, PRINTER, FILE CABINET</b> Line from Schedule A/B: <u>39</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	



UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: JOHN EDWARD BLACK  
KATHRYNE DIANE BLACK

CASE NO

CHAPTER 7

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: State

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$500.00	\$0.00	\$500.00	\$0.00	\$500.00
7.	Electronics	\$300.00	\$0.00	\$300.00	\$0.00	\$300.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$100.00	\$0.00	\$100.00	\$0.00	\$100.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$220.00	\$0.00	\$220.00	\$0.00	\$220.00
12.	Jewelry	\$1,100.00	\$0.00	\$1,100.00	\$0.00	\$1,100.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household items- incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$25.00	\$0.00	\$25.00	\$0.00	\$25.00
17.	Deposits of money	\$600.00	\$0.00	\$600.00	\$0.00	\$600.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: JOHN EDWARD BLACK  
KATHRYNE DIANE BLACK

CASE NO

CHAPTER 7

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

Continuation Sheet # 1

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$900.00	\$0.00	\$900.00	\$0.00	\$900.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$250.00	\$0.00	\$250.00	\$0.00	\$250.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops--either growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>		<b>\$3,995.00</b>	<b>\$0.00</b>	<b>\$3,995.00</b>	<b>\$0.00</b>	<b>\$3,995.00</b>

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: JOHN EDWARD BLACK  
KATHRYNE DIANE BLACK

CASE NO

CHAPTER 7

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

Continuation Sheet # 2

**Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
----------------------	--------------	------	--------

**Real Property**

(None)

**Personal Property**

(None)

**TOTALS:**

**\$0.00**

**\$0.00**

**\$0.00**

**Non-Exempt Property by Item:**

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
----------------------	--------------	------	--------	-------------------

**Real Property**

(None)

**Personal Property**

POTS, PANS, DISHES, KITCHEN TABLE, CHAIRS, COUCHES,	\$500.00		\$500.00	\$500.00
4 TVS, 2 DVD PLAYERS,	\$300.00		\$300.00	\$300.00
BIKE, REBOUNDER, INVERSION TABLE	\$100.00		\$100.00	\$100.00
SHIRTS, PANTS, DRESSES, SUITS, JACKETS	\$220.00		\$220.00	\$220.00
WATCH, WEDDING RINGS, NECKLESS, EAR RINGS,	\$1,100.00		\$1,100.00	\$1,100.00
CASH	\$25.00		\$25.00	\$25.00
Checking account	\$600.00		\$600.00	\$600.00
LIFE INSURANCE POLICY	\$900.00		\$900.00	\$900.00
DESK, COMPUTER, PRINTER, FILE CABINET	\$250.00		\$250.00	\$250.00

**TOTALS:**

**\$3,995.00**

**\$0.00**

**\$3,995.00**

**\$3,995.00**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: JOHN EDWARD BLACK  
KATHRYNE DIANE BLACK

CASE NO

CHAPTER 7

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet # 3*

Summary	
A. Gross Property Value (not including surrendered property)	\$3,995.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$3,995.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$0.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$0.00
G. Total Equity (not including surrendered property) / (A-D)	\$3,995.00
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$3,995.00
J. Total Exemptions Claimed	\$0.00
K. Total Non-Exempt Property Remaining (G-J)	\$3,995.00

**Fill in this information to identify your case:**

Debtor 1	<b>JOHN</b> First Name	<b>EDWARD</b> Middle Name	<b>BLACK</b> Last Name
Debtor 2 (Spouse, if filing)	<b>KATHRYNE</b> First Name	<b>DIANE</b> Middle Name	<b>BLACK</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral**  
that supports this claim

*Column C*  
**Unsecured portion**  
If any

2.1

**Describe the property that secures the claim:**

Creditor's name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$0.00

**Fill in this information to identify your case:**

Debtor 1 **JOHN** **EDWARD** **BLACK**  
First Name Middle Name Last Name

Debtor 2 **KATHRYNE** **DIANE** **BLACK**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number  
(if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** claims and Part 2 for creditors with **NONPRIORITY** claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 10px;">2.1</div> <div style="clear: both;"></div> <p>Priority Creditor's Name _____ Last 4 digits of account number _____</p> <p>Number _____ Street _____ When was the debt incurred? _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Type of <b>PRIORITY</b> unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>			

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

4.1

**\$31.00**

**ADVOCATE HEALTH CARE**

Nonpriority Creditor's Name

**PO BOX 3039**

Number Street

**OAK BROOK**

**IL**

**60522-3039**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **5 9 6 4**

When was the debt incurred? **03/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**MEDICAL BILL**

4.2

**\$151.00**

**AMB ANESTHESIOLOGISTS OF CHICAGO LL**

Nonpriority Creditor's Name

**DEPT 20 8021 PO BOX 5998**

Number Street

**CAROL STREAM**

**IL**

**60197-5998**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **4 6 5 5**

When was the debt incurred? **03/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**MEDICAL BILL**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.3

**\$15,606.00**

**ARS NATIONAL SERVICES INC**

Nonpriority Creditor's Name

**PO BOX 463023**

Number Street

Last 4 digits of account number 0 0 9 3

When was the debt incurred? 06/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**ESCONDIDO CA 92046-3023**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for - CHASE BANK USA N.A.**

4.4

**\$9,824.00**

**CACH LLC**

Nonpriority Creditor's Name

**PO BOX 5980**

Number Street

Last 4 digits of account number 2 5 5 0

When was the debt incurred? 01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**DENVER CO 80217**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for - SEARS**

4.5

**Unknown**

**CAP1/CARSN**

Nonpriority Creditor's Name

**PO BOX 15524**

Number Street

Last 4 digits of account number 3 3 8 1

When was the debt incurred? 11/1997

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WILIMINGTON DE 19850**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**



Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.6

**\$24,460.00**

**CAPITAL MANAGEMENT SERVICES LP**

Nonpriority Creditor's Name

**698 1/2 SOUTH OGDEN STREET**

Number Street

Last 4 digits of account number 6 1 6 3

When was the debt incurred? 12/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**BUFFALO NY 14206**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for - CHASE BANK USA INC**

4.7

**\$139.00**

**CENTRAL DUPAGE EMERGENCY PHYSICIAN**

Nonpriority Creditor's Name

**PO BOX 366**

Number Street

Last 4 digits of account number 4 5 6 9

When was the debt incurred? 01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**HINSDALE IL 60522**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**MEDICAL BILL**

4.8

**\$3,522.00**

**CENTRAL DUPAGE HOSPITAL**

Nonpriority Creditor's Name

**PO BOX 4090**

Number Street

Last 4 digits of account number 0 9 9 1

When was the debt incurred? 05/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**CAROL STREAM IL 60197-4090**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**MEDICAL BILL**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$533.00**

4.9

**CHASE**

Nonpriority Creditor's Name

**PO BOX 15123**

Number Street

**WILMINGTON**

**DE**

**19850-5123**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 2 5 6 0

When was the debt incurred? 11/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

4.10

**CHASE**

Nonpriority Creditor's Name

**PO BOX 15548**

Number Street

**WILMINGTON**

**DE**

**19886-5548**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 2 2 4

When was the debt incurred? 06/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

**\$27,559.00**

4.11

**CHOICE RECOVERY**

Nonpriority Creditor's Name

**1550 OLD HENDERSON ROAD ST**

Number Street

**COLUMBUS**

**OH**

**43220**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 3 4 8 4

When was the debt incurred? 06/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

**\$91.00**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.12

**\$264.00**

**CIGNA HEALTHCARE**

Nonpriority Creditor's Name

PO BOX 188037

Number Street

Last 4 digits of account number 2 4 4 0

When was the debt incurred? 07/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**CHATTANOOGA**

**TN 37422**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**MEDICAL BILL**

4.13

**\$228.00**

**CITI**

Nonpriority Creditor's Name

PO BOX 6286

Number Street

Last 4 digits of account number 6 3 6 2

When was the debt incurred? 01/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**SIOUX FALLS**

**SD 57117**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for - SEARS CREDIT CARD**

4.14

**\$14,141.00**

**CLIENT SERVICES INC**

Nonpriority Creditor's Name

3451 HARRY S TRUMAN BLVD

Number Street

Last 4 digits of account number 6 0 3 6

When was the debt incurred? 02/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**SAINT CHARLES**

**MO 63301-4047**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for - CHASE BANK USA NA**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.15

**\$14,141.00**

**CLIENT SERVICES INC**

Nonpriority Creditor's Name

**3451 HARRY S TRUMAN BLVD**

Number Street

Last 4 digits of account number 1 5 0 4

When was the debt incurred? 08/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**SAINT CHARLES MO 63301-4047**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - CHASE BANK USA NA**

4.16

**\$24,533.00**

**COLLECTCORP**

Nonpriority Creditor's Name

**PO BOX 101928**

Number Street

**DEPT 4947A**

Last 4 digits of account number 3 6 6 5

When was the debt incurred? 12/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**BIRMINGHAM AL 35210-1928**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - CHASE BANK USA N.A.**

4.17

**\$1,607.00**

**COMENITY-EDDIE BAUER**

Nonpriority Creditor's Name

**PO BOX 659705**

Number Street

Last 4 digits of account number 5 4 7 9

When was the debt incurred? 12/2003

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**COLUMBUS OH 43218**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.18

\$1,364.00

**COMENITY-HSN**

Nonpriority Creditor's Name

**PO BOX 659707**

Number Street

Last 4 digits of account number 7 7 6 2

When was the debt incurred? 01/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**SAN ANTONIO TX 78265-9707**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

4.19

\$25,060.00

**CREDITORS FINANCIAL GROUP LLC**

Nonpriority Creditor's Name

**PO BOX 440290**

Number Street

Last 4 digits of account number 2 A 5 4

When was the debt incurred? 06/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**AURORA CO 80044-0290**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - CHASE BANK USA N.A.**

4.20

\$360.00

**DUPAGE MEDICAL GROUP**

Nonpriority Creditor's Name

**15921 COLLECTIONS CENTER DRIVE**

Number Street

Last 4 digits of account number 3 0 0 1

When was the debt incurred? 03/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**CHICAGO IL 60693-0159**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**MEDICAL BILL**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.21

**\$231.00**

**ENGLISH ROWS DENTAL GROUP**

Nonpriority Creditor's Name

**3027 ENGLISH ROWS AVE**

Number Street

**SUITE 203**

**NAPERVILLE**

City

**IL**

State

**60564**

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 0 2 1

When was the debt incurred? 12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**MEDICAL BILL**

4.22

**Unknown**

**FREDERICK J HANNA & ASSOCIATES PC**

Nonpriority Creditor's Name

**1427 ROSWELL ROAD**

Number Street

**MARIETTA**

City

**GA**

State

**30062**

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 6 8 0

When was the debt incurred? 05/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for - CHASE BANK USA NA**

4.23

**\$27,560.00**

**GC SERVICES LIMITED PARTNERSHIP**

Nonpriority Creditor's Name

**COLLECTION AGENCY DIVISION**

Number Street

**6330 GULFTON**

**HOUSTON**

City

**TX**

State

**77081**

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 5 3 4 9

When was the debt incurred? 01/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for - CHASE BANK USA N.A.**

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.24**

**\$3,006.00**

**KOHL'S**

Nonpriority Creditor's Name

**PO BOX 2983**

Number Street

Last 4 digits of account number **4 6 8 4**

When was the debt incurred? **05/1986**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**MILWAUKEE**

**WI**

**53201-2983**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

**4.25**

**\$14,141.00**

**LTD FINANCIAL SERVICES LIMITED**

Nonpriority Creditor's Name

**7322 SOUTHWEST FREEWAY**

Number Street

**SUITE 1600**

Last 4 digits of account number **7 6 9 3**

When was the debt incurred? **01/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**HOUSTON**

**TX**

**77074**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for - CHASE BANK USA NA**

**4.26**

**\$112.00**

**MACYS**

Nonpriority Creditor's Name

**PO BOX 78008**

Number Street

Last 4 digits of account number **7 9 9 7**

When was the debt incurred? **12/1997**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**PHOENIX**

**AZ**

**85062-8008**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.27

**\$9,824.00**

**MANDARICH LAW GROUP LLP**

Nonpriority Creditor's Name

**420 NORTH WABASH AVE**

Number Street

**SUITE 400**

**CHICAGO**

City

**IL**

State

**60611**

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 2 5 5 0

When was the debt incurred? 01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Collecting for - CACH LLC**

4.28

**\$609.00**

**MEDICAL BUSINESS BUREAU**

Nonpriority Creditor's Name

**1460 RENAISSANCE DRIVE #400**

Number Street

**PARK RIDGE**

City

**IL**

State

**60068**

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 9 5 0 8

When was the debt incurred? 08/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

4.29

**\$138.00**

**MEDICAL BUSINESS BUREAU**

Nonpriority Creditor's Name

**1460 RENAISSANCE DRIVE #400**

Number Street

**PARK RIDGE**

City

**IL**

State

**60068**

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 9 5 0 9

When was the debt incurred? 01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**



Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.30

**\$638.00**

**MEDICAL BUSINESS BUREAU LLC**

Nonpriority Creditor's Name

**PO BOX 1219**

Number Street

Last 4 digits of account number 6 8 7 3

When was the debt incurred? 01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**PARK RIDGE IL 60068-7219**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - CENTRAL DUPAGE EMERG**

4.31

**\$506.00**

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

Last 4 digits of account number 3 7 0 6

When was the debt incurred? 09/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WESTCHESTER IL 60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

4.32

**\$159.00**

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

Last 4 digits of account number 6 8 1 1

When was the debt incurred? 07/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WESTCHESTER IL 60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.33

**\$157.00**

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

Last 4 digits of account number 7 9 0 0

When was the debt incurred? 08/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WESTCHESTER**

**IL**

**60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

4.34

**\$154.00**

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

Last 4 digits of account number 7 4 5 7

When was the debt incurred? 06/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WESTCHESTER**

**IL**

**60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

4.35

**\$109.00**

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

Last 4 digits of account number 9 5 0 9

When was the debt incurred? 06/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WESTCHESTER**

**IL**

**60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.36

\$104.00

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

Last 4 digits of account number 6 8 0 9

When was the debt incurred? 07/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WESTCHESTER**

**IL**

**60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

4.37

\$104.00

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

Last 4 digits of account number 6 8 0 6

When was the debt incurred? 07/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WESTCHESTER**

**IL**

**60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

4.38

\$104.00

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

Last 4 digits of account number 2 4 6 9

When was the debt incurred? 08/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WESTCHESTER**

**IL**

**60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -MEDICAL PAYMENT DATA**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.39

\$90.00

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

**WESTCHESTER IL 60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 2 4 6 8

When was the debt incurred? 08/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Collecting for -MEDICAL PAYMENT DATA

4.40

\$37.00

**NATIONWIDE CREDIT & CO**

Nonpriority Creditor's Name

**9919 WEST ROOSEVELT ROAD**

Number Street

**WESTCHESTER IL 60154**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 7 8 9 9

When was the debt incurred? 08/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Collecting for -MEDICAL PAYMENT DATA

4.41

\$1,381.00

**NATIONWIDE CREDIT & COLLECTION INC**

Nonpriority Creditor's Name

**C/O EVERGREEN BANK GROUP**

Number Street

**PO BOX 3219**

**OAK BROOK IL 60522-3219**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 3 0 0 1

When was the debt incurred? 11/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Collecting for - DUPAGE MEDICAL GROUP

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.42

\$269.00

**NORTHWESTERN MEDICINE**

Nonpriority Creditor's Name

**25 NORTH WINFIELD ROAD**

Number Street

Last 4 digits of account number 0 9 9 1

When was the debt incurred? 11/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**WINFIELD IL 60190**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**MEDICAL BILL**

4.43

\$11,197.00

**SEARS CREDIT CARDS**

Nonpriority Creditor's Name

**PO BOX 183082**

Number Street

Last 4 digits of account number 6 3 8 2

When was the debt incurred? 08/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**COLUMBUS OH 43128-3082**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

4.44

\$5,132.00

**STATE COLLECTION SERVICE INC**

Nonpriority Creditor's Name

**2509 SOUTH STOUGHTON ROAD**

Number Street

Last 4 digits of account number 9 9 0 5

When was the debt incurred? 07/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**MADISON WI 53716**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - NORTHWESTERN MEDICAL**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.45

\$269.00

**STATE COLLECTION SERVICE INC**

Nonpriority Creditor's Name

**2509 SOUTH STOUGHTON ROAD**

Number Street

Last 4 digits of account number 0 9 9 1

When was the debt incurred? 12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**MADISON**

**WI**

**53716**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - NORTHWESTERN MEDICAL**

4.46

\$72.00

**STATE COLLECTION SERVICE INC**

Nonpriority Creditor's Name

**2509 SOUTH STOUGHTON ROAD**

Number Street

Last 4 digits of account number 2 1 8 3

When was the debt incurred? 06/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**MADISON**

**WI**

**53716**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - MEDICAL PAYMENT DATA**

4.47

Unknown

**SYNCB/HOME**

Nonpriority Creditor's Name

**PO BOX 29116**

Number Street

Last 4 digits of account number L A C K

When was the debt incurred? 11/1997

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**SHAWNEE MISSION**

**KS**

**66201**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.48

Unknown

**SYNCB/L&T**

Nonpriority Creditor's Name

PO BOX 960035

Number Street

Last 4 digits of account number 5 1 9 5

When was the debt incurred? 09/1998

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

ORLANDO FL 32896-0035

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

4.49

Unknown

**SYNCB/LORD & TAYLOR**

Nonpriority Creditor's Name

PO BOX 981400

Number Street

Last 4 digits of account number L A C K

When was the debt incurred? 09/1998

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

EL PASO TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

4.50

Unknown

**SYNCB/OLD NAVY**

Nonpriority Creditor's Name

PO BOX 103065

Number Street

Last 4 digits of account number L A C K

When was the debt incurred? 04/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

ROSWELL GA 30076

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.51

Unknown

**SYNCB/OLDN**

Nonpriority Creditor's Name

**PO BOX 530942**

Number Street

**ATLANTA**

**GA**

**30353**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 5 9 3

When was the debt incurred? 04/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

4.52

\$4,748.00

**SYNCB/QVC**

Nonpriority Creditor's Name

**PO BOX 981402**

Number Street

**EL PASO**

**TX**

**79998**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 4 9 8

When was the debt incurred? 12/1998

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

4.53

Unknown

**SYNCB/QVC**

Nonpriority Creditor's Name

**PO BOX 981402**

Number Street

**EL PASO**

**TX**

**79998**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 0 0 5

When was the debt incurred? 12/1998

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**



Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.54

Unknown

**SYNCE/SAMS**

Nonpriority Creditor's Name

**PO BOX 981400**

Number Street

Last 4 digits of account number 1 3 9 7

When was the debt incurred? 07/2001

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**EL PASO**

**TX**

**79998**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

4.55

\$6,625.00

**TAX MANAGEMENT CONSULTANTS INC**

Nonpriority Creditor's Name

**5300 MAIN STREET**

Number Street

Last 4 digits of account number L A C K

When was the debt incurred? 07/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**DOWNERS GROVE**

**IL**

**60515**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Attorney Fees**

4.56

\$1,516.00

**TJX REWARD/SYNCE**

Nonpriority Creditor's Name

**PO BOX 530948**

Number Street

Last 4 digits of account number 3 9 3 7

When was the debt incurred? 03/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**ATLANTA**

**GA**

**30353-0948**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.57

**\$231.00**

**TRANSWORLD SYSTEMS INC**

Nonpriority Creditor's Name

500 VIRGINIA DRIVE

Number Street

SUITE 514

Last 4 digits of account number 0 0 2 1

When was the debt incurred? 07/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

FT WASHINGTON PA 19034

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Collecting for - SADDLEWOOD FAMILY DENTISTRY

4.58

**\$20,910.00**

**UNITED COLLECTION BUREAU INC**

Nonpriority Creditor's Name

5620 SOUTH WYCK BLVD

Number Street

SUITE 206

Last 4 digits of account number 1 7 0 0

When was the debt incurred? 07/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

TOLEDO OH 43614

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Collecting for -CHASE BANK

4.59

**\$1,106.00**

**WALMART/SYNCHRONY BANK**

Nonpriority Creditor's Name

PO BOX 530927

Number Street

Last 4 digits of account number 3 9 4 0

When was the debt incurred? 01/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

ATLANTA GA 30353-0927

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Credit Card

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.  
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$274,853.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$274,853.00</u>

**Fill in this information to identify your case:**

Debtor 1	<b>JOHN</b> First Name	<b>EDWARD</b> Middle Name	<b>BLACK</b> Last Name
Debtor 2 (Spouse, if filing)	<b>KATHRYNE</b> First Name	<b>DIANE</b> Middle Name	<b>BLACK</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease

State what the contract or lease is for

**Fill in this information to identify your case:**

Debtor 1	<u>JOHN</u>	<u>EDWARD</u>	<u>BLACK</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>KATHRYNE</u>	<u>DIANE</u>	<u>BLACK</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 106H**

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)  
☒ No  
☐ Yes
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

**Fill in this information to identify your case:**

Debtor 1	<b>JOHN</b> First Name	<b>EDWARD</b> Middle Name	<b>BLACK</b> Last Name
Debtor 2 (Spouse, if filing)	<b>KATHRYNE</b> First Name	<b>DIANE</b> Middle Name	<b>BLACK</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known) _____			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
<b>Employment status</b>	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
<b>Occupation</b>	_____	_____
<b>Employer's name</b>	_____	_____
<b>Employer's address</b>	Number Street _____ _____	Number Street _____ _____
	City State Zip Code	City State Zip Code
<b>How long employed there?</b>	_____	_____

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$0.00</u>	<u>\$0.00</u>
<b>3. Estimate and list monthly overtime pay.</b>	3. + <u>\$0.00</u>	<u>\$0.00</u>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	4. <u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<b>\$0.00</b>	<b>\$0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	<b>\$0.00</b>	<b>\$0.00</b>
5b. Mandatory contributions for retirement plans	<b>\$0.00</b>	<b>\$0.00</b>
5c. Voluntary contributions for retirement plans	<b>\$0.00</b>	<b>\$0.00</b>
5d. Required repayments of retirement fund loans	<b>\$0.00</b>	<b>\$0.00</b>
5e. Insurance	<b>\$0.00</b>	<b>\$0.00</b>
5f. Domestic support obligations	<b>\$0.00</b>	<b>\$0.00</b>
5g. Union dues	<b>\$0.00</b>	<b>\$0.00</b>
5h. Other deductions. Specify: _____	<b>\$0.00</b>	<b>\$0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>\$0.00</b>	<b>\$0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>\$0.00</b>	<b>\$0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	<b>\$0.00</b>	<b>\$0.00</b>
8b. Interest and dividends	<b>\$0.00</b>	<b>\$0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	<b>\$0.00</b>	<b>\$0.00</b>
8d. Unemployment compensation	<b>\$0.00</b>	<b>\$0.00</b>
8e. Social Security	<b>\$2,073.00</b>	<b>\$1,384.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	<b>\$0.00</b>	<b>\$0.00</b>
8g. Pension or retirement income	<b>\$0.00</b>	<b>\$0.00</b>
8h. Other monthly income. Specify: <b>ANNUITY</b>	<b>\$0.00</b>	<b>\$54.00</b>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	<b>\$2,073.00</b>	<b>\$1,438.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>\$2,073.00</b>	<b>\$1,438.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	<b>\$0.00</b>	<b>\$0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	<b>\$3,511.00</b>	<b>\$3,511.00</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <b>None.</b> <input type="checkbox"/> Yes. Explain: _____		

**Fill in this information to identify your case:**

Debtor 1	<u>JOHN</u>	<u>EDWARD</u>	<u>BLACK</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>KATHRYNE</u>	<u>DIANE</u>	<u>BLACK</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number	_____		
(if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

**Official Form 106J**

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

☒ No

☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- |                              |
|------------------------------|
| <input type="checkbox"/> No  |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |
| <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,656.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \_\_\_\_\_

4b. \$131.67

4c. \_\_\_\_\_

4d. \_\_\_\_\_



Debtor 1 **JOHN EDWARD BLACK**  
 Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**Your expenses**

- |   |                     |
|---|---------------------|
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5. _____            |
| 6. Utilities:   |                     |
| 6a. Electricity, heat, natural gas  | 6a. <u>\$185.00</u> |
| 6b. Water, sewer, garbage collection  | 6b. <u>\$110.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. <u>\$175.00</u> |
| 6d. Other. Specify: _____   | 6d. _____           |
| 7. Food and housekeeping supplies   | 7. <u>\$700.00</u>  |
| 8. Childcare and children's education costs   | 8. _____            |
| 9. Clothing, laundry, and dry cleaning  | 9. <u>\$25.00</u>   |
| 10. Personal care products and services   | 10. <u>\$50.00</u>  |
| 11. Medical and dental expenses   | 11. <u>\$120.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.   | 12. <u>\$200.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. _____           |
| 14. Charitable contributions and religious donations  | 14. _____           |
| 15. Insurance.  |                     |
| Do not include insurance deducted from your pay or included in lines 4 or 20.   |                     |
| 15a. Life insurance   | 15a. _____          |
| 15b. Health insurance   | 15b. _____          |
| 15c. Vehicle insurance  | 15c. <u>\$9.00</u>  |
| 15d. Other insurance. Specify: _____  | 15d. _____          |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____   | 16. _____           |
| 17. Installment or lease payments:  |                     |
| 17a. Car payments for Vehicle 1   | 17a. _____          |
| 17b. Car payments for Vehicle 2   | 17b. _____          |
| 17c. Other. Specify: _____  | 17c. _____          |
| 17d. Other. Specify: _____  | 17d. _____          |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. _____           |
| 19. Other payments you make to support others who do not live with you. Specify: _____  | 19. _____           |

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: \_\_\_\_\_ 21. **+** \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a. <b>\$3,361.67</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <b>\$3,361.67</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <b>\$3,511.00</b>
23b. Copy your monthly expenses from line 22c above.	23b. <b>-\$3,361.67</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <b>\$149.33</b>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**None.**

**Fill in this information to identify your case:**

Debtor 1	<u>JOHN</u>	<u>EDWARD</u>	<u>BLACK</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>KATHRYNE</u>	<u>DIANE</u>	<u>BLACK</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)	_____		

☐ Check if this is an amended filing

**Official Form 106Sum**

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**  
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<u>\$3,995.00</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	<u>\$3,995.00</u>

**Part 2: Summarize Your Liabilities**

**Your liabilities**  
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	<u>\$0.00</u>
---	---------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<u>\$274,853.00</u>

**Your total liabilities**

\$274,853.00

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<u>\$3,511.00</u>
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<u>\$3,361.67</u>
---	-------------------

Debtor 1 JOHN EDWARD BLACK  
Debtor 2 KATHRYNE DIANE BLACK

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$3,711.00**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$0.00</b>

**Fill in this information to identify your case:**

Debtor 1      JOHN      EDWARD      BLACK  
First Name      Middle Name      Last Name

Debtor 2      KATHRYNE      DIANE      BLACK  
(Spouse, if filing) First Name      Middle Name      Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number  
(if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x John E Black  
JOHN EDWARD BLACK, Debtor 1  
Date 10/12/2017  
MM / DD / YYYY

x Kathryne D Black  
KATHRYNE DIANE BLACK, Debtor 2  
Date 10/12/2017  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1	<b>JOHN</b> First Name	<b>EDWARD</b> Middle Name	<b>BLACK</b> Last Name
Debtor 2 (Spouse, if filing)	<b>KATHRYNE</b> First Name	<b>DIANE</b> Middle Name	<b>BLACK</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 107

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1
<b>930 DARTMOUTH DRIVE</b> Number Street	From <b>09/2009</b> To <b>08/2017</b>		From _____ To _____
<b>WHEATON IL 60189</b> City State ZIP Code			City State ZIP Code

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**  
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No  
☐ Yes. Fill in the details.

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.*

☒ No  
☐ Yes. List all payments to an insider.

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No  
☐ Yes. List all payments that benefited an insider.

#### **Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No  
☐ Yes. Fill in the details.

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

☒ No  
☐ Yes. Fill in the details.

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

☒ No  
☐ Yes



Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☒ No  
☐ Yes. Fill in the details.

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.
- ☒ No  
☐ Yes. Fill in the details.
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?
- ☒ No  
☐ Yes. Fill in the details.
22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?
- ☒ No  
☐ Yes. Fill in the details.

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.
- ☒ No  
☐ Yes. Fill in the details.

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?
- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **JOHN EDWARD BLACK**  
Debtor 2 **KATHRYNE DIANE BLACK**

Case number (if known) \_\_\_\_\_

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation


- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

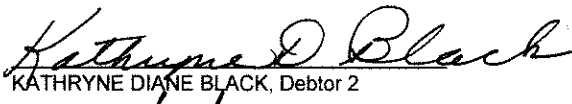
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No  
☐ Yes. Fill in the details below.

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x   
JOHN EDWARD BLACK, Debtor 1  
Date 10/12/2017

x   
KATHRYNE DIANE BLACK, Debtor 2  
Date 10/12/2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☐ No  
☒ Yes. Name of person Edward J Gremo Jr

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1	<b>JOHN</b> First Name	<b>EDWARD</b> Middle Name	<b>BLACK</b> Last Name
Debtor 2 (Spouse, if filing)	<b>KATHRYNE</b> First Name	<b>DIANE</b> Middle Name	<b>BLACK</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 108**

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Hold Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
None.		

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will this lease be assumed?
None.	

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X John E. Black  
JOHN EDWARD BLACK, Debtor 1  
Date 10/12/2017  
MM / DD / YYYY

X Kathryne J. Black  
KATHRYNE DIANE BLACK, Debtor 2  
Date 10/12/2017  
MM / DD / YYYY

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

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### Chapter 7: Liquidation

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	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	<hr/>	
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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### Chapter 12: Repayment plan for family farmers or fishermen

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	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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### Chapter 13: Repayment plan for individuals with regular income

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	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.



B2800 (Form 2800) (12/15)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

In re **JOHN EDWARD BLACK**  
**KATHRYNE DIANE BLACK**  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

**DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER**

*[Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).]*

1. Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For document preparation services, I have agreed to accept.....	<u>\$50.00</u>
Prior to the filing of this statement I have received.....	<u>\$50.00</u>
Balance Due.....	<u>\$0.00</u>

2. I have prepared or caused to be prepared the following documents (itemize):

and provided the following services (itemize):

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case.

6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below:

NAME

SOCIAL SECURITY NUMBER

X Edward J Greco Jr  
Signature

399-72-5131  
Social Security number of bankruptcy  
petition preparer\*

10/12/2017  
Date

Edward J Greco Jr, Petition Preparer  
Printed name and title, if any, of  
Bankruptcy Petition Preparer

15028 S. Cicero Ave  
Suite C  
Oak Forest IL 60452  
Address

\* If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: JOHN EDWARD BLACK  
KATHRYNE DIANE BLACK

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/12/2017

Signature   
JOHN EDWARD BLACK

Date 10/12/2017

Signature   
KATHRYNE DIANE BLACK

ADVOCATE HEALTH CARE  
PO BOX 3039  
OAK BROOK IL 60522-3039

AMB ANESTHESIOLOGISTS OF CHICAGO LLC  
DEPT 20 8021 PO BOX 5998  
CAROL STREAM IL 60197-5998

ARS NATIONAL SERVICES INC  
PO BOX 463023  
ESCONDIDO CA 92046-3023

CACH LLC  
PO BOX 5980  
DENVER CO 80217

CAP1/CARSN  
PO BOX 15524  
WILIMINGTON DE 19850

CAPITAL MANAGEMENT SERVICES LP  
698 1/2 SOUTH OGDEN STREET  
BUFFALO NY 14206

CENTRAL DUPAGE EMERGENCY PHYSICIANS  
PO BOX 366  
HINSDALE IL 60522

CENTRAL DUPAGE HOSPITAL  
PO BOX 4090  
CAROL STREAM IL 60197-4090

CHASE  
PO BOX 15123  
WILMINGTON DE 19850-5123

CHASE  
PO BOX 15548  
WILMINGTON DE 19886-5548

CHOICE RECOVERY  
1550 OLD HENDERSON ROAD ST  
COLUMBUS OH 43220

CIGNA HEALTHCARE  
PO BOX 188037  
CHATTANOOGA TN 37422

CITI  
PO BOX 6286  
SIOUX FALLS SD 57117

CLIENT SERVICES INC  
3451 HARRY S TRUMAN BLVD  
SAINT CHARLES MO 63301-4047

COLLECTCORP  
PO BOX 101928  
DEPT 4947A  
BIRMINGHAM AL 35210-1928

COMENITY-EDDIE BAUER  
PO BOX 659705  
COLUMBUS OH 43218

COMENITY-HSN  
PO BOX 659707  
SAN ANTONIO TX 78265-9707

CREDITORS FINANCIAL GROUP LLC  
PO BOX 440290  
AURORA CO 80044-0290

DUPAGE MEDICAL GROUP  
15921 COLLECTIONS CENTER DRIVE  
CHICAGO IL 60693-0159

ENGLISH ROWS DENTAL GROUP  
3027 ENGLISH ROWS AVE  
SUITE 203  
NAPERVILLE IL 60564

FREDERICK J HANNA & ASSOCIATES PC  
1427 ROSWELL ROAD  
MARIETTA GA 30062

GC SERVICES LIMITED PARTNERSHIP  
COLLECTION AGENCY DIVISION  
6330 GULFTON  
HOUSTON TX 77081

KOHL'S  
PO BOX 2983  
MILWAUKEE WI 53201-2983

LTD FINANCIAL SERVICES LIMITED  
7322 SOUTHWEST FREEWAY  
SUITE 1600  
HOUSTON TX 77074

MACYS  
PO BOX 78008  
PHOENIX AZ 85062-8008

MANDARICH LAW GROUP LLP  
420 NORTH WABASH AVE  
SUITE 400  
CHICAGO IL 60611

MEDICAL BUSINESS BUREAU  
1460 RENAISSANCE DRIVE #400  
PARK RIDGE IL 60068

MEDICAL BUSINESS BUREAU LLC  
PO BOX 1219  
PARK RIDGE IL 60068-7219

NATIONWIDE CREDIT & CO  
9919 WEST ROOSEVELT ROAD  
WESTCHESTER IL 60154

NATIONWIDE CREDIT & COLLECTION INC  
C/O EVERGREEN BANK GROUP  
PO BOX 3219  
OAK BROOK IL 60522-3219

NORTHWESTERN MEDICINE  
25 NORTH WINFIELD ROAD  
WINFIELD IL 60190

SEARS CREDIT CARDS  
PO BOX 183082  
COLUMBUS OH 43128-3082

STATE COLLECTION SERVICE INC  
2509 SOUTH STOUGHTON ROAD  
MADISON WI 53716

SYNCB/HOME  
PO BOX 29116  
SHAWNEE MISSION KS 66201

SYNCB/L&T  
PO BOX 960035  
ORLANDO FL 32896-0035

SYNCB/LORD & TAYLOR  
PO BOX 981400  
EL PASO TX 79998

SYNCB/OLD NAVY  
PO BOX 103065  
ROSWELL GA 30076

SYNCB/OLDN  
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ATLANTA GA 30353

SYNCB/QVC  
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SYNCB/SAMS  
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TAX MANAGEMENT CONSULTANTS INC  
5300 MAIN STREET  
DOWNERS GROVE IL 60515

TJX REWARD/SYNCB  
PO BOX 530948  
ATLANTA GA 30353-0948

TRANSWORLD SYSTEMS INC  
500 VIRGINIA DRIVE  
SUITE 514  
FT WASHINGTON PA 19034

UNITED COLLECTION BUREAU INC  
5620 SOUTH WYCK BLVD  
SUITE 206  
TOLEDO OH 43614

WALMART/SYNCHRONY BANK  
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ATLANTA GA 30353-0927

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CITI  
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SYNCB/OLDN  
PO BOX 530942  
ATLANTA GA 30353

SYNCB/QVC  
PO BOX 981402  
EL PASO TX 79998

SYNCB/SAMS  
PO BOX 981400  
EL PASO TX 79998

*Superior Financial Alternatives*  
15028 S. Cicero Ave  
Suite C  
Oak Forest IL 60452  
(708) 687-8470  
Attorney for the Petitioner

**UNITED STATES BANKRUPTCY COURT FOR THE**

NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

In re: Case No.:  
JOHN EDWARD BLACK SSN: xxx-xx-4985  
KATHRYNE DIANE BLACK SSN: xxx-xx-0570

Debtor(s)

**Numbered Listing of Creditors**

Address:

**76 JOHNSON COURT  
NORTH AURORA IL 60542**

Chapter: **7**

	Creditor name and mailing address	Category of claim	Amount of claim
1.	ADVOCATE HEALTH CARE PO BOX 3039 OAK BROOK IL 60522-3039 xxxxx5964	Unsecured Claim	\$31.00
2.	AMB ANESTHESIOLOGISTS OF CHICAGO LLC DEPT 20 8021 PO BOX 5998 CAROL STREAM IL 60197-5998 x4655	Unsecured Claim	\$151.00
3.	ARS NATIONAL SERVICES INC PO BOX 463023 ESCONDIDO CA 92046-3023 xxxx0093	Unsecured Claim	\$15,606.00
4.	CACH LLC PO BOX 5980 DENVER CO 80217 xxxxxxxxx2550	Unsecured Claim	\$9,824.00
5.	CAP1/CARSN PO BOX 15524 WILIMINGTON DE 19850 xxxxxxxxxxx3381	Unsecured Claim	
6.	CAPITAL MANAGEMENT SERVICES LP 698 1/2 SOUTH OGDEN STREET BUFFALO NY 14206 xxxxx6163	Unsecured Claim	\$24,460.00

in re: **JOHN EDWARD BLACK**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
7. CENTRAL DUPAGE EMERGENCY PHYSICIANS PO BOX 366 HINSDALE IL 60522 xxxxxxx4569	Unsecured Claim	\$139.00
8. CENTRAL DUPAGE HOSPITAL PO BOX 4090 CAROL STREAM IL 60197-4090 xxx0991	Unsecured Claim	\$3,522.00
9. CHASE PO BOX 15123 WILMINGTON DE 19850-5123 xxxx-xxxx-xxxx-2560	Unsecured Claim	\$533.00
10. CHASE PO BOX 15548 WILMINGTON DE 19886-5548 xxxx-xxxx-xxxx-8224	Unsecured Claim	\$27,559.00
11. CHOICE RECOVERY 1550 OLD HENDERSON ROAD ST COLUMBUS OH 43220 xxxx3484	Unsecured Claim	\$91.00
12. CIGNA HEALTHCARE PO BOX 188037 CHATTANOOGA TN 37422 xxxxxxxxx2440	Unsecured Claim	\$264.00
13. CITI PO BOX 6286 SIOUX FALLS SD 57117 xxxx xxxx xxxx 6362	Unsecured Claim	\$228.00
14. CLIENT SERVICES INC 3451 HARRY S TRUMAN BLVD SAINT CHARLES MO 63301-4047 xxxx6036	Unsecured Claim	\$14,141.00
15. CLIENT SERVICES INC 3451 HARRY S TRUMAN BLVD SAINT CHARLES MO 63301-4047 xxxx1504	Unsecured Claim	\$14,141.00

in re: **JOHN EDWARD BLACK**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
16. COLLECTCORP PO BOX 101928 DEPT 4947A BIRMINGHAM AL 35210-1928 xxxxxxx3665	Unsecured Claim	\$24,533.00
17. COMENITY-EDDIE BAUER PO BOX 659705 COLUMBUS OH 43218 xxxxxxxxxxx5479	Unsecured Claim	\$1,607.00
18. COMENITY-HSN PO BOX 659707 SAN ANTONIO TX 78265-9707 xxxxxxxxxxx7762	Unsecured Claim	\$1,364.00
19. CREDITORS FINANCIAL GROUP LLC PO BOX 440290 AURORA CO 80044-0290 xxxxxx2 A54	Unsecured Claim	\$25,060.00
20. DUPAGE MEDICAL GROUP 15921 COLLECTIONS CENTER DRIVE CHICAGO IL 60693-0159 xxx3001	Unsecured Claim	\$360.00
21. ENGLISH ROWS DENTAL GROUP 3027 ENGLISH ROWS AVE SUITE 203 NAPERVILLE IL 60564 xx0021	Unsecured Claim	\$231.00
22. FREDERICK J HANNA & ASSOCIATES PC 1427 ROSWELL ROAD MARIETTA GA 30062 xxxx0680	Unsecured Claim	
23. GC SERVICES LIMITED PARTNERSHIP COLLECTION AGENCY DIVISION 6330 GULFTON HOUSTON TX 77081 xxx5349	Unsecured Claim	\$27,560.00
24. KOHLS PO BOX 2983 MILWAUKEE WI 53201-2983 xxxxxxxxxxx4684	Unsecured Claim	\$3,006.00

in re: **JOHN EDWARD BLACK**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
25. LTD FINANCIAL SERVICES LIMITED 7322 SOUTHWEST FREEWAY SUITE 1600 HOUSTON TX 77074 xxxxxxx7693	Unsecured Claim	\$14,141.00
26. MACYS PO BOX 78008 PHOENIX AZ 85062-8008 xxxxxxxxxxx7997	Unsecured Claim	\$112.00
27. MANDARICH LAW GROUP LLP 420 NORTH WABASH AVE SUITE 400 CHICAGO IL 60611 xxxxxxx2550	Unsecured Claim	\$9,824.00
28. MEDICAL BUSINESS BUREAU 1460 RENAISSANCE DRIVE #400 PARK RIDGE IL 60068 xxxxxx9508	Unsecured Claim	\$609.00
29. MEDICAL BUSINESS BUREAU 1460 RENAISSANCE DRIVE #400 PARK RIDGE IL 60068 xxxxxx9509	Unsecured Claim	\$138.00
30. MEDICAL BUSINESS BUREAU LLC PO BOX 1219 PARK RIDGE IL 60068-7219 xxxxxx6873	Unsecured Claim	\$638.00
31. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xx3706	Unsecured Claim	\$506.00
32. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xx6811	Unsecured Claim	\$159.00
33. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xxx7900	Unsecured Claim	\$157.00

in re: **JOHN EDWARD BLACK**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
34. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xxx7457	Unsecured Claim	\$154.00
35. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xxx9509	Unsecured Claim	\$109.00
36. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xx6809	Unsecured Claim	\$104.00
37. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xx6806	Unsecured Claim	\$104.00
38. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xxx2469	Unsecured Claim	\$104.00
39. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xxx2468	Unsecured Claim	\$90.00
40. NATIONWIDE CREDIT & CO 9919 WEST ROOSEVELT ROAD WESTCHESTER IL 60154 xxx7899	Unsecured Claim	\$37.00
41. NATIONWIDE CREDIT & COLLECTION INC C/O EVERGREEN BANK GROUP PO BOX 3219 OAK BROOK IL 60522-3219 xxx3001	Unsecured Claim	\$1,381.00
42. NORTHWESTERN MEDICINE 25 NORTH WINFIELD ROAD WINFIELD IL 60190 xxx0991	Unsecured Claim	\$269.00



in re: **JOHN EDWARD BLACK**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
43. SEARS CREDIT CARDS PO BOX 183082 COLUMBUS OH 43128-3082 xxxx-xxxx-xxxx-6382	Unsecured Claim	\$11,197.00
44. STATE COLLECTION SERVICE INC 2509 SOUTH STOUGHTON ROAD MADISON WI 53716 xxxx9905	Unsecured Claim	\$5,132.00
45. STATE COLLECTION SERVICE INC 2509 SOUTH STOUGHTON ROAD MADISON WI 53716 xxxxxxxx-xxx0991	Unsecured Claim	\$269.00
46. STATE COLLECTION SERVICE INC 2509 SOUTH STOUGHTON ROAD MADISON WI 53716 xxxx2183	Unsecured Claim	\$72.00
47. SYNCB/HOME PO BOX 29116 SHAWNEE MISSION KS 66201 xxxxxxxx x LACK	Unsecured Claim	
48. SYNCB/L&T PO BOX 960035 ORLANDO FL 32896-0035 xxxxxx5195	Unsecured Claim	
49. SYNCB/LORD & TAYLOR PO BOX 981400 EL PASO TX 79998 xxxxxxxx x LACK	Unsecured Claim	
50. SYNCB/OLD NAVY PO BOX 103065 ROSWELL GA 30076 xxxxxxxx x LACK	Unsecured Claim	
51. SYNCB/OLDN PO BOX 530942 ATLANTA GA 30353 xxxxxxxx1593	Unsecured Claim	

in re: **JOHN EDWARD BLACK**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
52. SYNCB/QVC PO BOX 981402 EL PASO TX 79998 xxxxxxx0498	Unsecured Claim	\$4,748.00
53. SYNCB/QVC PO BOX 981402 EL PASO TX 79998 xxx4005	Unsecured Claim	
54. SYNCB/SAMS PO BOX 981400 EL PASO TX 79998 xxxxxxx1397	Unsecured Claim	
55. TAX MANAGEMENT CONSULTANTS INC 5300 MAIN STREET DOWNERS GROVE IL 60515 xxxx x LACK	Unsecured Claim	\$6,625.00
56. TJX REWARD/SYNCB PO BOX 530948 ATLANTA GA 30353-0948 xxxxxxxxxxx3937	Unsecured Claim	\$1,516.00
57. TRANSWORLD SYSTEMS INC 500 VIRGINIA DRIVE SUITE 514 FT WASHINGTON PA 19034 xxxxxxxxxxx0021	Unsecured Claim	\$231.00
58. UNITED COLLECTION BUREAU INC 5620 SOUTH WYCK BLVD SUITE 206 TOLEDO OH 43614 xxx1700	Unsecured Claim	\$20,910.00
59. WALMART/SYNCHRONY BANK PO BOX 530927 ATLANTA GA 30353-0927 xxxxxxxxxxx3940	Unsecured Claim	\$1,106.00

in re: JOHN EDWARD BLACK

Debtor

Case No. (if known)

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

**DECLARATION**

I, JOHN EDWARD BLACK

named as debtor in this case, declare under penalty of perjury that I have read the foregoing *Numbered Listing of Creditors*, consisting of 8 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Debtor:  Date: 10/12/2017  
JOHN EDWARD BLACK

Spouse:  Date: 10/12/2017  
KATHRYNE DIANE BLACK